

1. PLACE OF DEATH:

(a) County MARION
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 5. Color or race Caucasian

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov 9 1884
(Month) (Day) (Year)

8. AGE: Years 62 Months 2-0 Days 2-0

If less than one day hr. min.

9. Birthplace Palmyra, Mo.
(City, town, or county)

Missouri
(State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name John Bowman

13. Birthplace Palmyra, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Family Williams

15. Birthplace Palmyra, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Miller Bowman

(b) Address Chicago, Ill.

17. (a) Memorial (b) Date thereof 12-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Hospital

18. (a) Signature of funeral director JAMES O'DONALIS

(b) Address Hannibal, Mo.

19. (a) 11-28-46 (b) W. A. M. Drake
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64
(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL") 4
(d) Street No. 1250 E. 3rd St 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9-9
year 1946 hour 9 minute 40 AM

21. I hereby certify that I attended the deceased from 11-23 to 11-29 46
that I last saw him alive on 11-28 46
and that death occurred on the date and hour stated above

Immediate cause of death Cerebral Hemorrhage
Cardiac thrombosis

Due to Hypertension

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations g3A

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) Means of injury

23. Signature Dr. G. L. Fox (M. D. or other)

Address Hannibal, Mo. Date signed 11-29-46

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

J. M. O'Donnell

Licensed Embalmer No.....

3889

P. O. Address.....

Hannibal Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.